

Foster Family Home - Corrective Action Report

Provider ID: 1-613803

Home Name: Genedina Albano, CNA

Review ID: 1-613803-7

91-1372 Kamahoi Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 1/8/2019

Foster Family Home

Required Certificate

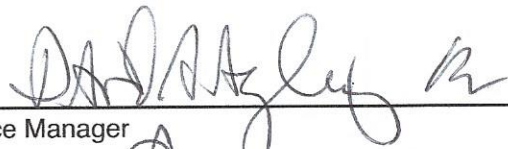
[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/8/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

1/8/19
Date

1/8/19
Date